



OFFICIAL NOTICE AND AGENDA

Notice is hereby given that the **Nursing Home Operations Committee** will hold a meeting at the following date, time and location shown below.

Tuesday, April 14th, 2020 at 12:00 pm
North Central Health Care - Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/655826789>

Participant can join by also dialing in using your phone: (669) 224-3412 Access Code: 655-826-789

AGENDA

1. CALL TO ORDER
2. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA
(Limited to 15 Minutes)
3. ACTION: *Motion to Approve the March 19, 2020 Nursing Home Operations Committee Meeting Minutes*
4. FINANCIAL REPORT – J. Meschke
5. NURSING HOME OPERATIONS REPORTS
 - A. Mount View Care Center – K. Woller and C. Gliniecki
 - B. Pine Crest Nursing Home – Z. Ziesemer and R. Hanson
 - C. Regional Nursing Home Operations Executive Report – K. Gochanour
6. FUTURE COMMITTEE AGENDA ITEMS
7. ADJOURN

NOTICE POSTED AT: North Central Health Care
COPY OF NOTICE DISTRIBUTED TO:
Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader,
Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices
DATE: 04/10/2020 **TIME:** 4:00 PM **BY:** D. Osowski



Presiding Officer or Designee

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
NURSING HOME OPERATIONS COMMITTEE**

March 19, 2020

3:00 PM

Conference Call

Present:	EXC	Jeff Zriny	X	Paul Gilk	X	Bob Weaver
	X	Bill Metter	ABS	Cindy Rider	X	Pat Voermans
	X	Romey Wagner				

Staff: Michael Loy, Jarret Nickel, Kim Gochanour, Brenda Glodowski, Jill Meschke, Kristin Woller, Zach Ziesemer, Ryan Hanson

Call to Order

- Meeting was called to order at 3:03 p.m.

Public comment for Matters Appearing on the Agenda

- No public comment.

Approval of February 20, 2020 Nursing Home Operations Committee Meeting Minutes

- **Motion**/second, Metter/Voermans, to approve the February 20, 2020 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – B. Glodowski

- Census in February went down at both locations. Expenses at Mount View aligned with the drop in census. At Pine Crest there was also a buy out in one contract for agency staff which contributed to the loss for the month.
- Regarding change in revenue from RUGS to PDPM, there was a payment change in October 2019 in that the average per day Jan-Sept. 2019 for MVCC was \$509 and for Pine Crest the average per day was about \$496. From October to February the monthly payment ranges from \$509 to \$549 for MVCC and from \$517 to \$563 for Pine Crest. The change has been beneficial for both locations.

Nursing Home Operations Reports

- Mount View Care Center – Kristen Woller
 - In summary, not much movement noted in Employee Engagement, patient experience is above target, and the number of falls has decreased. There was one survey visit in February with no citations; allegations were unsubstantiated. Census was down in February mainly related to respiratory illnesses.
- Pine Crest Nursing Home – Zach Ziesemer and Ryan Hanson
 - Following the annual survey one citation was dropped; plans of correction have been accepted and are being implemented. Patient satisfaction surveys have had good results.

Five Star Analysis and Nursing Home Operations Report – Kim Gochanour

- Five Star Analysis will be deferred to next month.
- Moving forward will include an operational overview of the facilities rather than a transition update.
- A draft of a new brochure including both nursing home operations will be available soon.
- Continue to improve consistency of supplies and pharmacy transitions.
- With the decline in occupancy staff are working on a strategic plan with potential changes that will be presented to the committee for consideration.
- Pine Crest continues to wait on CCIT for technology. CCIT has a backlog related to the overhaul of the 911 project. The date we were provided is 4/20 but anticipate possible delay due to COVID-19 situation.
- Nursing homes are particularly vulnerable in the COVID-19 pandemic. Z. Ziesemer, K. Woller, R. Hanson and C. Gliniecki and staff have been doing a phenomenal job. NCHC nursing homes were one of the first in the State to implement restricted access i.e. no visitation except special circumstances. Other preparedness has included:
 - Operating incident command structure 8-9 a.m. every day with Managers.
 - Have sectioned campus into zones; staff cannot cross zones.
 - Eliminated communal dining activities and now serving meals in resident rooms.
 - If staff present upper respiratory symptoms they are being asked to leave building and return when medically cleared.
 - Residents exhibiting upper respiratory illness are already put on precautions.
 - Preparing for auxiliary staff, working with the State on accelerating those who can work in the nursing home. Have a good plan to provide opportunities for those who may be laid off from other jobs to work at NCHC providing training and accommodating staff as much as possible.
 - Being thoughtful/careful of supplies i.e. PPE (personal protective equipment) for staff and visitors. Monitoring CDC information to procure supplies as needed and be prepared should there be a surge.
 - Moving to weekly monitoring of cash flow, as well as monthly monitoring of the budget, and managing resources closely.
 - Planning and preparing for the potential to care for active COVID-19 residents. We feel our role is to advance our ability to clinically take care of individuals here, reduce prevalence of infection, and support any local surge.
 - Have implemented a special 14 day COVID-19 sick leave benefit in addition to access to PLT banks (paid leave time).
 - Generally our nursing home has double occupancy but we will do everything we can to quarantine individuals if symptoms present; have discussed the possibility of using an entire wing as a quarantine area.
 - Staff are being monitored upon their arrival to their shift by their taking temperature, asking questions about travel, contact with anyone who is sick, etc. Employee health will follow-up as needed.
 - Communication has been and will continue to be extensive. This not only includes staff but also our community and county partners.
 - Some regulations have been relaxed i.e. a 3-day hospital stay is waived prior to admission, to assist with the potential influx in need for hospital beds.
 - The State has suspended survey visits during this time.

- Operations are being altered throughout the organization to minimize the impact of services provided and prepare for the possibility of a surge and need for additional services. Several programs are being temporarily closed i.e. aquatics, adult day services, etc. Staff from those areas are being reassigned to help in other areas.
- We do have cash position that can accommodate the financial strain for a short period of time.

Update on Nursing Home Renovation Project - J. Nickel

- Working with Miron Construction to split crews so there are no more than 10 workers in a given area.
- E-wing demolition has been completed; only minor clean up to complete.
- Large cranes will begin arriving on site for the start of the nursing tower construction which will change the flow of traffic and parking availability.
- Pool is scheduled to be completed by end of April.
- CBRF and Youth Hospital structures are on track for completion by end of June.
- Call light system has been selected. The new system mimics the system of Aspirus. The system will be installed throughout the campus and will have more access features to help work flow.

Vision for North Central Health Care – M. Loy

- Will table this agenda item until a future meeting date.

April Meeting Date – M. Loy

- The April meeting conflicts with the regularly scheduled meeting of the Board of Directors. A Doodle Poll will be sent to members to select an alternative date.

Discussion of Future Agenda Items

- Continue discussion on local food purchase

Adjourn Meeting

- **Motion**/second, Voermans/Wagner, to adjourn the meeting at 3:53 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

MEMORANDUM

DATE: April 10, 2020
TO: Nursing Home Operations Committee
FROM: Jill Meschke, Chief Financial Officer
RE: Nursing Home Financial Highlights

The following items are financial highlights for March, 2020.

Mount View Care Center:

- MVCC shows a loss for the month of (\$62,606) compared to a targeted loss of (\$7,704) resulting in an unfavorable variance of (\$54,902).
- Year to Date MVCC shows a loss of (\$155,181) compared to the budgeted gain of \$28,606 resulting in an unfavorable variance of (\$183,788).
- Overall census in March averaged 165 per day compared to target of 183 per day. This is a decrease from January and February, which averaged 175 per day and 169 per day respectively.
- The Medicare census remained consistent with January and February at 17; however this is still below the target of 20. The Medicaid Vent census remained consistent in March at 9, compared to the target of 13. Self-Pay remains better than target, which does help with the payer mix shifts. As was indicated in prior months, the Medicaid rates did decrease and are below budget targets, which contribute to the negative rate variance.
- Overall expenses are below plan. As with February, this is mainly due to employee benefits coming in under target. As the year progresses, this positive variance will decrease as employees access their benefits. Salaries are still over budget targets but did improve compared to February. Other expense items are remaining at or below target.

Pine Crest:

- Pine Crest shows a gain for March of \$37,456 compared to a target of \$369, resulting in a favorable variance of \$37,087. This is a shift from the prior month, which was a loss.
- Year to Date Pine Crest shows a gain of \$6,064 compared to the budgeted loss of (\$1,026) resulting in a favorable variance of \$7,090.
- Overall census averaged 132 per day compared to target of 155 per day. This is a decrease from January and February, which averaged 141 per day and 135 per day respectively.
- Medicare census averaged 17 per day compared to target of 13 per day. Self-Pay continues to decrease from January and February. These changes contribute to a shift in payer mix, which will impact the rate variance. The rate variance has improved from February. The favorable Medicaid rates continue to contribute to this being favorable.

- Overall expenses for the month are well below target causing the favorable March results. Employee benefits overall are favorable to plan as they are in MVCC. Salaries in the direct areas are favorable to plan and contracted employees are approximating plan. Salaries in the support areas are also favorable to plan.
- Other expense items overall are running at or below targets.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2020**

NURSING HOME - MOUNT VIEW	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>
Revenue:					
Net Patient Service Revenue	\$1,561,625	\$1,708,372	(\$146,747)	\$4,660,989	\$5,038,637
Other Revenue:					
County Appropriations - Net	\$125,000	\$125,000	\$0	\$375,000	\$375,000
Departmental and Other Revenue	<u>\$117,097</u>	<u>\$124,091</u>	(\$6,994)	<u>\$378,479</u>	<u>\$372,272</u>
Total Other Revenue	<u>\$242,097</u>	<u>\$249,091</u>	(\$6,994)	<u>\$753,479</u>	<u>\$747,272</u>
Total Revenue	\$1,803,722	\$1,957,463	(\$153,741)	\$5,414,467	\$5,785,909
Expenses:					
Direct Expenses	\$1,249,645	\$1,304,681	(\$55,036)	\$3,804,620	\$3,801,481
Indirect Expenses	<u>\$617,054</u>	<u>\$660,486</u>	(\$43,432)	<u>\$1,765,854</u>	<u>\$1,955,821</u>
Total Expenses	<u>\$1,866,699</u>	<u>\$1,965,167</u>	(\$98,468)	<u>\$5,570,474</u>	<u>\$5,757,303</u>
Operating Income (Loss)	<u>(\$62,977)</u>	<u>(\$7,704)</u>	<u>(\$55,273)</u>	<u>(\$156,007)</u>	<u>\$28,606</u>
Nonoperating Gains(Losses):					
Interest Income	\$0	\$0	\$0	\$0	\$0
Donations and Gifts	\$371	\$0	\$371	\$826	\$0
Gain / (Loss) on Disposal of Assets	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Nonoperating Gains / (Losses)	<u>\$371</u>	<u>\$0</u>	<u>\$371</u>	<u>\$826</u>	<u>\$0</u>
Income / (Loss)	<u>(\$62,606)</u>	<u>(\$7,704)</u>	<u>(\$54,902)</u>	<u>(\$155,181)</u>	<u>\$28,606</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2020**

NURSING HOME - PINE CREST	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET
Revenue:					
Net Patient Service Revenue	<u>\$1,112,803</u>	<u>\$1,203,043</u>	<u>(\$90,240)</u>	<u>\$3,362,124</u>	<u>\$3,549,959</u>
Other Revenue:					
County Appropriations - Net	\$36,735	\$36,735	\$0	\$110,204	\$110,204
Departmental and Other Revenue	<u>\$19,151</u>	<u>\$16,750</u>	<u>\$2,401</u>	<u>\$53,374</u>	<u>\$50,250</u>
Total Other Revenue	<u>\$55,886</u>	<u>\$53,485</u>	<u>\$2,401</u>	<u>\$163,578</u>	<u>\$160,454</u>
Total Revenue	\$1,168,688	\$1,256,527	(\$87,839)	\$3,525,702	\$3,710,413
Expenses:					
Direct Expenses	\$1,092,607	\$1,217,304	(\$124,696)	\$3,404,318	\$3,596,384
Indirect Expenses	<u>\$38,682</u>	<u>\$38,854</u>	<u>(\$172)</u>	<u>\$115,987</u>	<u>\$115,055</u>
Total Expenses	<u>\$1,131,290</u>	<u>\$1,256,158</u>	<u>(\$124,868)</u>	<u>\$3,520,305</u>	<u>\$3,711,439</u>
Operating Income (Loss)	<u>\$37,399</u>	<u>\$369</u>	<u>\$37,030</u>	<u>\$5,396</u>	<u>(\$1,026)</u>
Nonoperating Gains(Losses):					
Interest Income	\$57	\$0	\$57	\$140	\$0
Donations and Gifts	\$1	\$0	\$1	\$527	\$0
Gain / (Loss) on Disposal of Assets	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Nonoperating Gains / (Losses)	<u>\$58</u>	<u>\$0</u>	<u>\$58</u>	<u>\$667</u>	<u>\$0</u>
Income / (Loss)	<u>\$37,456</u>	<u>\$369</u>	<u>\$37,087</u>	<u>\$6,064</u>	<u>(\$1,026)</u>

Mount View Care Center
Nursing Home Revenue Analysis
March, 2020

Current Month:

Location	Payer Source	Actual:				Budget:				Variances:		Reason for Variance:	
		Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Days	Revenue	Volume Variance	Rate Variance
Long Term Care	Medicaid	31	951			32	992						
	MA Bedhold	0	10				0						
	Medicare	1	26			1	31						
	Self Pay	3	99			2	62						
	Insurance/VA	1	31			1	31						
	SUBTOTAL-LTC	36	1117	\$206,018	\$184	36	1116	\$217,171	\$195	1	(\$11,153)	\$195	(\$11,348)
Post Acute Care	Medicaid	9	283			8	248						
	MA Bedhold	0	0				0						
	Medicare	9	279			12	372						
	Self Pay	1	33			1	31						
	Insurance/VA	4	112			2	62						
	SUBTOTAL-PAC	23	707	\$158,729	\$225	23	713	\$173,380	\$243	(6)	(\$14,651)	(\$1,459)	(\$13,192)
Vent Services	Medicaid	4	116			5	155						
	MA-Bedhold	0	6				0						
	Medicaid-Vent	9	279			13	403						
	MA-Vent Bedhold	0	0				0						
	Medicare	7	219			4	124						
	Self Pay	1	38			0	0						
	Insurance/VA	1	34			3	93						
	SUBTOTAL-Vent	22	692	\$276,823	\$400	25	775	\$321,859	\$415	(83)	(\$45,036)	(\$34,470)	(\$10,566)
Legacies	Medicaid	72	2220			81	2,511						
	MA Bedhold	0	3				0						
	Private	10	323			15	465						
	Medicare	1	22			3	93						
	Insurance/VA	1	31				0						
	SUBTOTAL-Legacie	84	2599	\$500,674	\$193	99	3069	\$627,962	\$205	(470)	(\$127,288)	(\$96,169)	(\$31,119)
Total		165	5,115	\$1,142,244	\$223	183	5,673	\$1,340,372	\$236	(558)	(\$198,128)	(\$131,840)	(\$66,288)
Summary:		Per Day	%			Per Day	%						
Residents per Day	Medicaid	116	70.17%			126	68.85%						
	Medicaid Vent	9	5.45%			13	7.10%						
	Medicare	18	10.67%			20	10.93%						
	Self	16	9.64%			18	9.84%						
	Insurance	7	4.07%			6	3.28%						
	Total	165	100.00%			183	100.00%						

Mount View Care Center
Nursing Home Revenue Analysis
March, 2020

Year To Date

Location	Payer Source	Actual:				Budget:				Variances:		Reason for Variance:	
		Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Days	Revenue	Volume Variance	Rate Variance
Long Term Care	Medicaid	31	2844			32	2,912						
	MA Bedhold	0	21				0						
	Medicare	0	38			1	91						
	Self Pay	3	301			2	182						
	Insurance/VA	1	91			1	91						
	SUBTOTAL-LTC	36	3295	\$626,763	\$190	36	3276	\$637,501	\$195	19	(\$10,738)	\$3,697	(\$14,435)
Post Acute Care	Medicaid	8	763			8	728						
	MA Bedhold	0	17				0						
	Medicare	10	867			12	1,092						
	Self Pay	1	127			1	91						
	Insurance/VA	3	303			2	182						
	SUBTOTAL-PAC	23	2077	\$469,856	\$226	23	2093	\$508,953	\$243	(16)	(\$39,097)	(\$3,891)	(\$35,206)
Vent Services	Medicaid	5	429			5	455						
	MA-Bedhold	0	32				0						
	Medicaid-Vent	10	895			13	1,183						
	MA-Vent Bedhold	0	0				0						
	Medicare	5	418			4	364						
	Self Pay	2	158			0	0						
	Insurance/VA	3	239			3	273						
	SUBTOTAL-Vent	24	2171	\$861,754	\$397	25	2275	\$944,811	\$415	(104)	(\$83,057)	(\$43,191)	(\$39,866)
Legacies	Medicaid	72	6595			81	7,371						
	MA Bedhold	0	11				0						
	Private	11	1008			15	1,365						
	Medicare	2	183			3	273						
	Insurance/VA	1	91				0						
	SUBTOTAL-Legacie	87	7888	\$1,551,483	\$197	99	9009	\$1,843,372	\$205	(1121)	(\$291,889)	(\$229,373)	(\$62,516)
Total		170	15,431	\$3,509,856	\$227	183	16,653	\$3,934,637	\$236	(1,222)	(\$424,781)	(\$288,724)	(\$136,057)
Summary:		Per Day	%			Per Day	%						
Residents per Day	Medicaid	118	69.42%			126	68.85%						
	Medicaid Vent	10	5.80%			13	7.10%						
	Medicare	17	9.76%			20	10.93%						
	Self	18	10.33%			18	9.84%						
	Insurance	8	4.69%			6	3.28%						
	Total	170	100.00%			183	100.00%						

**Pine Crest
Nursing Home Revenue Analysis
March, 2020**

Current Month:		Actual:				Budget:				Variances:		Reason for Variance:	
Location	Payer Source	Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Days	Revenue	Volume Variance	Rate Variance
Long Term Care													
	Medicaid	82	2532			91	2,821						
	MA Bedhold	0	14			0	0						
	Medicare	2	47			1	31						
	Self Pay	8	244			16	496						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	92	2837	\$521,291	\$184	108	3348	\$625,081	\$187	(511)	(\$103,790)	(\$95,405)	(\$8,385)
Post Acute Care													
	Medicaid	1	20			7	217						
	MA Bedhold	0	3			0	0						
	Medicare	14	431			12	372						
	Self Pay	0	6			0	0						
	Insurance/VA	0	9			0	0						
	SUBTOTAL-PAC	15	469	\$129,838	\$277	19	589	\$142,465	\$242	(120)	(\$12,627)	(\$29,025)	\$16,398
Special Care													
	Medicaid	16	505			19	589						
	MA-Bedhold	0	0			0	0						
	Medicaid-Vent	0	0			0	0						
	MA-Vent Bedhold	0	0			0	0						
	Medicare	0	0			0	0						
	Self Pay	2	68			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-SPC	18	573	\$108,616	\$190	19	589	\$99,014	\$168	(16)	\$9,602	(\$2,690)	\$12,292
Hospice													
	Medicaid	5	169			8	248						
	MA Bedhold	0	0			0	0						
	Private	1	40			1	31						
	Medicare	1	30			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-Hospice	8	239	\$50,026	\$209	9	279	\$50,566	\$181	(40)	(\$540)	(\$7,250)	\$6,710
	Total	133	4,118	\$809,771	\$197	155	4,805	\$917,126	\$191	(687)	(\$107,355)	(\$131,127)	\$23,772
Summary:													
Residents per Day		Per Day	%			Per Day	%						
	Medicaid	105	78.75%			125	80.65%						
	Medicaid Vent	0	0.00%			0	0.00%						
	Medicare	16	12.34%			13	8.39%						
	Self	12	8.69%			17	10.97%						
	Insurance	0	0.22%			0	0.00%						
	Total	133	100.00%			155	100.00%						

**Pine Crest
Nursing Home Revenue Analysis
March, 2020**

Year To Date:		Actual:				Budget:				Variances:		Reason for Variance:	
Location	Payer Source	Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Days	Revenue	Volume Variance	Rate Variance
Long Term Care	Medicaid	79	7173			91	8,281						
	MA Bedhold	1	79				0						
	Medicare	4	330			1	91						
	Self Pay	11	958			16	1,456						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	94	8540	\$1,642,132	\$192	108	9828	\$1,834,917	\$187	(1288)	(\$192,785)	(\$240,473)	\$47,688
Post Acute Care	Medicaid	2	157			7	637						
	MA Bedhold	0	3				0						
	Medicare	13	1216			12	1,092						
	Self Pay	0	31			0	0						
	Insurance/VA	1	59			0	0						
	SUBTOTAL-PAC	16	1466	\$394,671	\$269	19	1729	\$418,203	\$242	(263)	(\$23,532)	(\$63,613)	\$40,081
Special Care	Medicaid	18	1602			19	1,729						
	MA-Bedhold	0	3				0						
	Medicaid-Vent	0	0			0	0						
	MA-Vent Bedhold	0	0				0						
	Medicare	0	8			0	0						
	Self Pay	1	128			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-SPC	19	1741	\$323,355	\$186	19	1729	\$290,654	\$168	12	\$32,701	\$2,017	\$30,684
Hospice	Medicaid	5	498			8	728						
	MA Bedhold	0	0				0						
	Private	1	73			1	91						
	Medicare	0	30			0	0						
	Insurance/VA	0	0				0						
	SUBTOTAL-Hospice	7	601	\$117,891	\$196	9	819	\$148,435	\$181	(218)	(\$30,544)	(\$39,510)	\$8,966
	Total	136	12,348	\$2,478,049	\$201	155	14,105	\$2,692,209	\$191	(1,757)	(\$214,160)	(\$335,357)	\$121,197
Summary:		Per Day	%			Per Day	%						
Residents per Day	Medicaid	105	77.06%			125	80.65%						
	Medicaid Vent	0	0.00%			0	0.00%						
	Medicare	17	12.83%			13	8.39%						
	Self	13	9.64%			17	10.97%						
	Insurance	1	0.48%			0	0.00%						
	Total	136	100.00%			155	100.00%						

Nursing Home Report - Month of March

Mount View Care Center

Employee Engagement:

Department	DEPARTMENT OPENINGS						
	January # of Openings	February # of Openings	March # of Openings	Specific Position	Hired in March	Discharges	Employees out on FMLA/LOA
Nursing	22 FTE (CNA)	22 FTE	25.8 FTE	46 positions	0	4 CNA 4 Hosp. Ass. 1 Nurse	10 intermittent 6 continuous 1 leave of absence
Life Enrichment	0	0	0	0	0	0	0
Social Services	0	0	0	0	0	0	1 intermittent
Respiratory Therapy	.4 FTE	0	0	0	0	0	1 continuous
Environmental Services	1	0	2	Full time	0	2	1 intermittent
Dietary	8.3 FTE	8.5 FTE	5.4 FTE	3 (.8) FTE open 10 (.3) FTE open	3 (.8)	1 retired	2 intermittent
Laundry	1	1	1	Full time	0	0	1 intermittent
Administrative	0	0	0	0	0	0	1 intermittent

Patient Experience:

This score reflects responses to the question "likelihood of those to recommend"

PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	MAR	2020 YTD
MVCC Patient Experience	↗	81-83%	84.6%	95.8%	86.8	88.6%

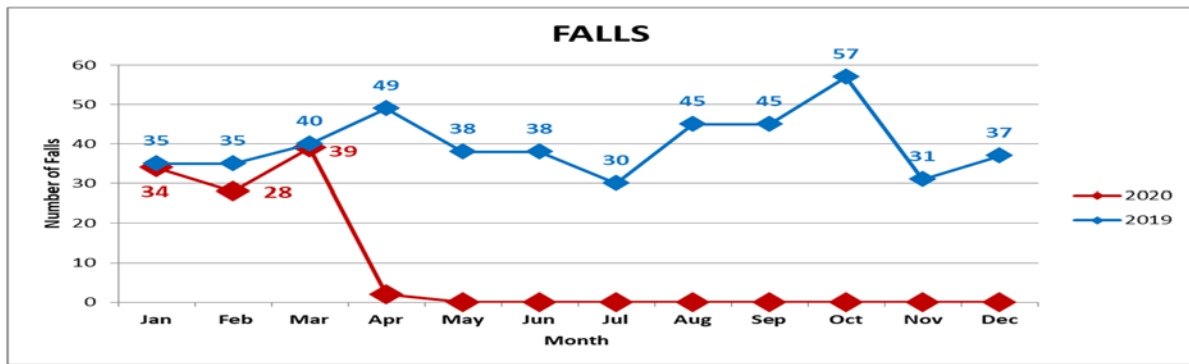
PAC = 71.9%

LTC = 100%

Legacies = 96.9%

Sent 47 surveys and 19 responded

Quality:



Total = 39

Vent= 0

South Shore= 9

LTC= 9

LBL= 21

CURRENT OVERALL STAR RATING: 3	QUALITY: 5
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PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	MAR	2020 YTD
MVCC Readmission Rate	↘	10-12%	12.0%	4.8%	10.0%	9,1%

Nine residents were sent out to the hospital in March

- 2 within 30 days of admission
 - 1 sent from dialysis r/t sepsis
 - Emesis, aspiration
- 4 long term unplanned hospital admissions
 - temp 99.5, not responding to verbal commands
 - aspiration pneumonia
 - temp 102.2, on Nitrofurantin for UTI
 - temp 101.9, muscle and joint pain, “feeling terrible”
- 3 Emergency Department only (all unavoidable)

Regulatory:

State Survey visits – No state visits in March

Self-Reports: Three self-reports in March

Date	Unit	Reason	Follow Up
3/10/20	Legacies	Resident to Resident Altercation	Resident accused another resident of slapping her in the face. There were no witnesses and no injury.
3/15/20	LTC	Abuse	Employee did not check and change residents during her shift. No harm resulted in not caring for the residents. Employee was terminated from employment. All staff education provided on caregiver misconduct.
3/30/20	Vent unit	Exploitation	Granddaughter gave pictures of resident to Channel 7 news for a Mount View COVID story. POA of resident did not give permission. Channel 7 removed story from website.

Referral trends:

In March we had 86 referrals with 19 admitted.

We did not admit 67 referrals due to:

- Expired (6)
- No LTC Beds Available (4)
- No PAC Beds Available (3)
- No LBL Beds Available (3)
- No Payer/Poor Payer Source (6)
- No skilled need (2)
- Out of County (20)
- Staffing (4)
- Went to Competition (9)
- Went Home (7)
- Went to inpatient rehab (2)
- Acuity too high (1)

Nursing Home Report - Month of March

Pine Crest (PC)

Employee Engagement: The operational changes that resulted during the month of March to address the COVID pandemic resulted in our scheduled all-staff to be postponed. We did create an employee communication table to serve as a location to post internal postings and community resources relating to the pandemic. This includes a dry-erase communication board to notify staff of the daily updates that are occurring. Current department openings are presented in the table below.

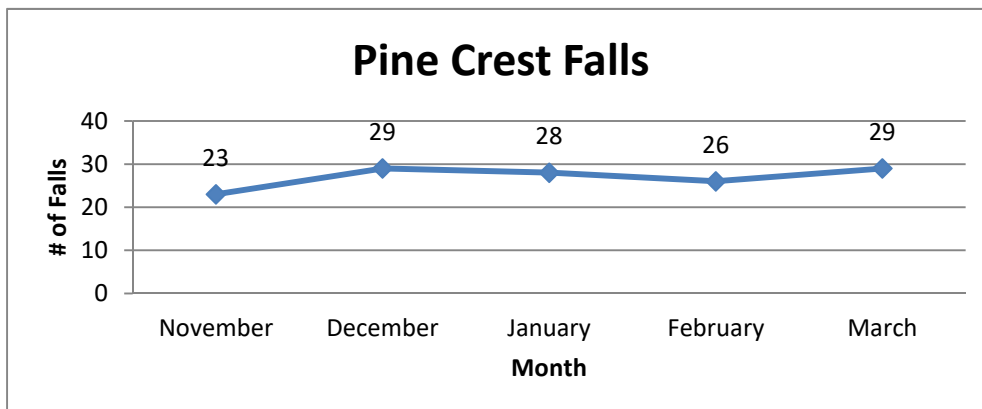
Department Openings			
Department	# of FTE's	# of Positions	# on FMLA/LOA
Nursing	12.49	9 - RN/LPN 26 – C.N.A. 5.5 – Med Tech	1
Dietary	0.3	1 –Student	1
Life Enrichment	0		1
Environmental Services	1	1- Occasional Housekeeping 1- Part-Time	
Admin	0		1
TOTAL- FTE & Position Needs	13.79	43.5	

Patient Experience:

Pine Crest Patient Experience Score & Response Rate												
	January	February	March	April	May	June	July	August	September	October	November	December
Overall Score	▪	81.9%	86.1%									
Response Rate	▪	28.6%	19.1%									

Quality:

- **Falls:** Please reference graph below.



- **Hospital Readmission:** March= 14.8% YTD = 12.5%
Total Acute Care Transfers = 10

Pine Crest Return-To-Hospital Information		
Number of Transfers	Category	Reason
4	ED Only	NA
4	30-Day Hospitalization	CHF, Pneumonia, Respiratory Failure (X1); Internal Bleeding (X1); Temperature (X1); Abnormal VS & Chest Pain (X1)
2	Unplanned Hospitalizations	Pneumonia, Sepsis, Acute Kidney Injury (X1); Fever, Cough, Shortness of Breath (X1)

Regulatory: During the month of March there was one state self-report in regards to missing money. The resident didn't allege the money being stolen but appreciated an investigation into the matter. Resident is known to have memory impairment. Upon conclusion of the investigation it was determined that the resident had forgotten a deposit she had made to her Resident Trust Account. Resident and family were satisfied with the results of the investigation.

Referral trends: During the month of March we experienced 53 referrals. Of these referrals 31 did not admit for the below reasons:

- Expired (5)
- Home (4)
- Unable to Meet Behavioral Needs (2)
- Out of Network (3)
- Private Room (3)
- No Skilled Need (1)
- No LTC Bed (2)
- Unknown (1)
- Family Inability to Visit (1)
- OD (2)

Financial: For the month of March Pine Crest experienced a net income of \$37,457.00, which was attributed to a favorable payer mix. This is given that overall census had been well below budget. The year to date net income is \$6,064.00. Expense control has been an ongoing focus and the facility continues to have expenses that fall below budget, which should be expected based on the reduced census.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: April 8, 2020
TO: Nursing Home Operations Committee
FROM: Kim Gochanour, Nursing Home Operations Executive
RE: Nursing Home Operations report

The following items are general updates and communication to inform the committee on key activities and/or updates in regards to the Pine Crest transition and overall skilled nursing home updates.

- 1) **Covid 19:** Most of our time has been spent working on Covid 19 and implementing the guidance from the CDC and CMS on restricted visitations and keeping those that we care for safe. Some highlights of federal waivers that were put in place to alleviate some of the additional parameters that have been issued are as follows:
 - a. Waiver of the 3-day hospitalization stays for residents to utilize their Medicare benefits.
 - b. Suspension of all facility survey activities unless an immediate jeopardy situation or Covid 19 positive has occurred in a facility. For Mount View this means a delay in our annual survey until further notice. With our Mount View employee who tested positive for Covid 19, we contacted and reviewed with the Regional Field Operations Supervisor and no concerns were noted on the practices we had put in place.
 - c. Removal of the sequestration on Medicare claims. This 2% reduction of overall charges has been in place since 2011.
 - d. C.N.A. training requirements have been lifted and competency training reduced. We are currently working with Northcentral Technical College to develop an accelerated online course for training staff and offering onsite clinical with 2 of our staff who are instructors.
 - e. New staff orientation has been modified to require only the following pieces required; fire prevention, safety prevention and emergency procedures.
 - f. PBJ submission – As part of our overall star rating system, this is the payroll based journal submission that is done quarterly to determine a facilities' staffing pattern. This has been suspended for the time being.
 - g. PASARR is a pre-admission screening tool that has also been waived at this time. This screening tool is used for every admission to determine if individual is appropriate for placement in a skilled nursing facility. This is to ensure those with developmental disabilities or mental illnesses are placed in the correct setting for care.
 - h. Physician Services – the requirements for a resident to be seen by a nurse practitioner or a physician every 30 days has been waived at this time as well. We are working with our local physicians and nurse practitioners to utilize Telehealth and phone for any changes of condition with residents.

- i. Physical Environment – Through this pandemic they are allowing facilities to use nonresident designated rooms for resident care i.e. kitchen areas, lounges etc., to be converted to patient rooms as needed as well as turning private rooms into semi-private rooms.
 - j. Bed hold has been suspended. It is no longer required if a resident discharges and is Medicaid eligible that we have to hold their bed for 15 days while hospitalized.
 - k. Group Activities - the requirement that a resident has a right to participate in group activities of their choice during this time has been suspended. All residents are remaining in their room and wear a face covering when in public areas at this time.
 - l. Transfer and discharge requirements are also waived at this time. We no longer need to give notice if we need to make moves or discharge due to the Covid related symptoms.
 - m. Discharge for non-payment – Facilities are no longer allowed to issue a 30 day discharge notice for any resident for failure to pay for their care/stay at a facility.
- 2) **Covid Positive Units**: In preparation of a surge from the hospital of Covid positive patients, we have identified and prepared Covid positive units in both facilities at this time. Mount View's unit will be on the Gardenside Crossing Neighborhood and will be deployed within 24 hours of identified need. Pine Crest chose the new rehab unit for this unit as it has all private rooms, private showers, and has its own entrance which can make the unit completely separated from the general population. We have created a Covid positive admission policy and staffing patterns to implement if needed.
- 3) **Declining Occupancy in Both Facilities**: With the changes in our local market due to the Covid pandemic, both facilities have seen a further decline in admissions due to non-emergent procedures being postponed or cancelled. We will be working with our local providers to educate that a 3 day hospital stay is not required for a patient to utilize their benefits for skilled nursing.
- 4) **Monitoring of State and Federal Funding**: We continue to review the new incentive plans that are being put in place. We have worked with the Leading Age organization to ask for an increase in our Medicaid payments for care, for the supplemental payment to be moved forward from normal payout in July, and we continue to advocate for better overall rates from Medicaid and Family Care to help offset our increased costs from the requirements implemented during this time.